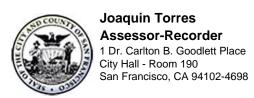
EF-62-A-R04-0810-38000240-1 BOE-62-A REV. 04 (08-10)

## **CERTIFICATE OF DISABILITY**

The claimant listed below has applied to transfer his or her property tax base to a replacement property as provided by section 69.5 of the Revenue and Taxation Code. In order to qualify for this one time tax benefit, a licensed physician or surgeon of appropriate specialty must certify the disability of the claimant, or claimant's spouse, is both severe and permanent. The definition for a severely and permanently disabled person is, "... any person who has a physical disability or impairment, whether from birth or reason of accident or disease, including, but not limited to, any disability or impairment which affects sight, speech, hearing or use of any limbs and which results in a functional limitation as to employment or substantially limits one or more major life activities of that person, and which has been diagnosed as permanently affecting the person's ability to function "(Revenue and Taxation Code section 74.3)



person's ability to function." (Revenue and Taxation Code section 74.)	3)	
I. TO BE COMPLETED BY A PHYSICIAN (please print)		
Patient's Name:	Date of disability:	
Description of patient's disability:	3/2/	
Identify: (1) the specific reasons why the disability necessitates a moincluding any locational requirements, of a replacement dwelling:	we to the replacement dwelling and (2) the disability-related re	equirements
I am a licensed physician surgeon. My specialty is:	IFICATION	
I certify that in my medical opinion the above named patient o	does qualify as a disabled person according to the definition abo	ove.
PHYSICIAN'S SIGNATURE	DATE	
PHYSICIAN'S NAME (print or type)	DAYTIME PHONE NUMB	BER
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE OF	R LEGAL GUARDIAN (please print)	
CLAIMANT'S NAME	SPOUSE'S NAME	
PROPERTY ADDRESS	ASSESSOR'S PARCEL NUMBER	
CERTIFICATE OF D	ISABILITY (check A or B)	
	ords how the replacement dwelling meets the disability-related re	equirements
A	ND	
<ol><li>I certify (or declare) under penalty of perjury under the replacement dwelling is to satisfy the identified disability-</li></ol>	laws of the State of California that the primary purpose of the	move to the
B: I certify (or declare) under penalty of perjury under the law replacement dwelling is to alleviate the financial burdens ca		move to the
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER DATE	
	( )	
SIGNATURE OF SPOUSE	DAYTIME PHONE NUMBER DATE	
E-MAIL ADDRESS		

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

